Buildings. By J. C. Steele, M.D.—Dr. Steele gives in this paper a very full and interesting account of the plan of a new wing which was completed last June, and which increases the capacity of the hospital by at least 150 beds. The method of ventilating and heating the new building are also explained and seem to be in accordance with the most advanced ideas on these points. Three diagrams accompany this paper.

Art. XV. *Numerical Analysis of the Patients Treated in Guy's Hospital during* 1870. By J. C. Steele, M.D.—From this paper we learn that the whole number of patients treated at Guy's Hospital during the year 1870 was 81,771, of whom 5123 were under treatment in the wards of the hospital, and 76,648 came under the category of out patients. The daily sick population of the Hospital was 486. The death-rate for the year was 10.76. The percentage is higher than the average, simply because, while the number of admissions has been small, the character of the injuries or surgical complaints of those admitted has been severe. The average stay of each patient, whether living or dying, in the Hospital, has amounted to 36.92 days. Of the 5123 patients treated in the wards, 1673 are reported cured; 2507 relieved; 396 unrelieved; 498 died, and 499 remained at the close of the year under treatment. The list of accidents admitted into the surgical wards during the year amounted to 827, and the deaths resulting therefrom were 91; 61 amputations were performed; 31 times in consequence directly of accidental injury; 24 deaths were attributed to pyæmia, 8 of which occurred after operations. The following analysis of 7312 cases of death from pyæmia occurring in seventeen years, or between 1854 and 1871, will be interesting to our readers:—

Pyæmia after surgical operations:	
After amputation of limbs for compound fracture and laceration	56
After amputation of limbs for disease, excluding injury	37
After other operations for injury	3
After operations for disease, excluding amputations	30
	126
Pyæmia without surgical operation:	
After compound fracture of limbs	29
After other external injuries	30
Consequent on disease	109
Apparently idiopathic	18
	186
	312

J. H. H.

Art. XIX.—*Medico-Chirurgical Transactions.* Published by the Royal Medical and Chirurgical Society of London. Vol. LIV. 8vo. pp. xlii., 358. London: Longmans, Green, Reader, & Dyer, 1871.

According to our custom, we herewith present our readers with an analysis of the papers contained in the last volume of the *Transactions of the Royal Medical and Chirurgical Society.* The volume fully maintains the reputation which the series has gained for itself, and will be found, we think, not an unworthy successor to the earlier volumes. The Society numbers among its members the most distinguished physicians and surgeons of Great Britain, and therefore contributions to these *Transactions* are derived from a greater variety of sources than are those of any other medical series with which we are acquainted.

We shall first call attention to the medical papers in this volume.

Art. I. *On the Electrolytic Treatment of Hydatid Tumours of the Liver, with an Addendum on Simple Acupuncture.* By C. HILTON FAGGE, M.D., F.R.C.P., etc., and ARTHUR E. DURHAM, F.R.C.S.—It will be recollected that Dr. Althaus recommends, in his work on the Electrolytic Treatment of Tumours and other Surgical Diseases, the application of electrolysis to the treatment of hydatid tumours. Dr. Fagge and Mr. Durham appear to have been the first to carry this suggestion into effect in the human subject. In this paper they give details of eight cases of hydatid disease of the liver in which the operation was performed. This number, these gentlemen say, is as yet insufficient to enable them to state with certainty that the operation will invariably cure the disease, but up to the time of writing the paper they have not met with a single instance of failure. The results of the treatment are stated to be as follows: In three cases the tumour disappeared so entirely that no trace of it could be discovered. In three cases some ill-defined fulness existed when the patients were last seen, and in another case, in which there had been two distinct tumours, a mass the size of a walnut could be felt when the patient was last examined. In the remaining case complete recovery took place at the end of nine months.

As regards the production of pain and constitutional disturbance, the results of the operation appear to have varied considerably in different cases. In most instances more or less pain came on after a time when the effects of the chloroform, which was always used, had passed off. The patient, if a child, became fretful. There was always some febrile disturbance, the temperature rising to 99.5°, 101°, or even 102.6°. By the third or fourth day, however, all these symptoms generally subsided, but in one instance, the temperature remained high for at least nineteen days after the operation.

The operation was performed in general accordance with the directions given by Dr. Althaus for the cure of other diseases by the electrolytic method, his electrolytic needles being passed into the tumour, one or two inches apart; they were then attached to two metallic wires, both connected with the negative pole of a galvanic battery of ten cells. A moistened sponge formed the termination of the positive pole, and this was placed on the patient's skin at a little distance from the points of entrance of the needles. Its position was changed from time to time during the operation. The current was allowed to pass for about ten minutes in some cases and in others for a somewhat longer period. At the end of this time the needles were gently withdrawn and the seats of puncture were covered with adhesive plaster.

As regards the *modus operandi* of electrolysis in the cure of hydatid tumours there is at present room for doubt.

"We have, the author says, already stated that in several instances we have been able to detect the presence of fluid in the peritoneal (and in one instance, even in the pleural) cavity very soon after the operation, and that we believe this to have resulted from the passage of part of the hydatid fluid through the apertures made by the needles. It has occurred to us that this may perhaps be an essential element in the success of the operation. It is well known that simple tapping of an hydatid cyst, is often sufficient to cure the disease; and it may be that electrolysis is, as it were, in effect a kind of subcutaneous tapping, with effusion of the cyst fluid into a serous cavity. We have even thought that the hydrogen gas set free within the tumour by the electrolytic action of the current accumulating in the upper part of the cyst, may cause a pressure sufficient to *force* out the fluid, either by the side of the needles during the operation or subsequently through the apertures made by them. If this be not the case, an equally successful result might possibly be attained by simple acupuncture of an hydatid tumour."

In the addendum to the paper, a case is reported in which a hydatid cyst of considerable size was treated by simple acupuncture. The patient, a girl 9½ years of age, having been placed under the influence of chloroform, two fine gilt needles were introduced into the interior of the tumour at two of its most prominent parts, they were left in for five minutes, when it was found that one of them had slipped out of the tumour. Both of them were then withdrawn. Immediately afterwards the abdomen felt less tense than before. The temperature began to rise soon after the operation, and by 2 P.M. on the following day had reached 102°. Fluctuations were noted for some days afterwards, the highest point observed being that of 102.6° on the fourth day from the performance of the operation. In other respects the child appeared to be as well as usual. The tumour underwent gradual but progressive diminution in size, but unfortunately the child passed from under the observation of Dr. Fagge, and the result is not certainly known although there is every reason to believe that it was favourable.

Dr. Fagge and Mr. Durham admit that it is generally believed that hydatid fluid exerts an irritant action on serous membranes, and that many instances have been recorded in which death has been rapidly brought about by the rupture of hydatid cysts and the pouring out of their contents into the peritoneal cavity. But they say it is probable in these cases that death is due to the escape of secondary cysts and scolices, which are much more capable of producing severe irritation than the chemically inert hydatid fluid, and which are not likely to pass through the minute openings made by the needles in the operation of acupuncture or electrolysis.

Art. II. *A Third Communication on the Endemic Hœmaturia of the South-eastern Coast of Africa, with Remarks on the Topical Medication of the Bladder*, by John Harley, M.D., Lond., F.R.C.P.—Since Dr. Harley presented his last communication to the Society—he "has had almost daily opportunity throughout nearly a year of watching the progress of the disease," and is consequently able to give more precise information respecting certain features of this interesting malady. His observations have reference, *first* to the prostatic form of the disease and its treatment; and, *secondly*, to the structure and development of the parasite. In the prostatic form of the disease, there is very apt to be—

> " An intermittent discharge, by the urethra, of venous blood, never exceeding a teaspoonful, and always mixed with urine, recurring after variable intervals of from two to fourteen days, and continuing for several days in succession. Excepting a cloudiness of the urine from the presence of free mucus, which on settling formed a russet or drab-coloured fluffy deposit, the morbid appearances were confined to the last tablespoonful of urine. With this was discharged a variable amount of blood and the branched mucous or blood casts of the burrows of the parasites so characteristic of the disease. The eggs were chiefly contained in these casts, but numbers were always to be found free in the urine."

Dr. Harley at first used in the treatment of the disease remedies which are eliminated by the kidneys, but failing to effect any decided improvement in the condition of his patients he substituted local for general treatment. This consisted in the injection of various substances in the form of solution or emulsion into the bladder. The chief of these were iodide of potassium, quassia, wormwood and oil of male fern. With the last three no decided results were obtained, but the iodide of potassium when used in this way seemed to have valuable parasiticide qualities. A solution, Dr. Harley says, containing five grains of this salt in the ounce fails to produce the least irritation when placed in the eye, but if a healthy leech be dropped into it, the animal immediately begins to writhe, the movements then become arrested, and death occurs in the course of an hour or so. He began by injecting the following every other morning. ℞. Potassii iodidi gr. x; infusi quassiæ (ʒiv ad f℥xx) ℥v. Solve et fiat injectio. The iodide of potassium was gradually increased to gr. xxx, and this treatment was continued for two months. The iodine injection was usually retained for three hours, iodine being at the end of that time easily detected in the urine. The catarrhal symptoms and iodine taste caused by these large doses of the salt were at first rather severe, but the patient gradually became accustomed to them, and ceased to make complaints. The iodide of potassium never produced the least urethral or vesical irritation. Speaking of the results of this topical treatment, Dr. Harley says:—

> "The first effect of the injection was to bring away a great quantity of the branched mucous casts of the tunnels formed by the parasite with hosts of imbedded eggs. Some of these casts measured more than one-fourth of an inch in diameter. After a few weeks the casts lose their solid cylindrical character, and were ultimately replaced by long skin-like membranes, destitute of structure, and only here and there thickened by the usual mucous corpuscles. These casts seemed to be formed by exudation from the walls of the emptied tunnels. They were almost destitute of ova, and some of them were three-fourths of an inch long. At the same time free ova nearly disappeared from the urine. * * Thus it appears conclusively that the topical treatment was effectual in clearing away the accumulated products of the parasite, in securing their expulsion as fast as they were formed, and ultimately in destroying the adult parasite."

Several pages are devoted to the discussion of the structure and development of the embryo of the distomum hæmatobium, but in consequence of want of space, we can only refer those of our readers who are specially interested in the subject of the parasite, to this part of Dr. Harley's paper.

There is reason to believe that the animal gains access to the body through the skin. It is stated that every colonist of Natal is attacked during the first year or two of his residence in the country with large indolent sores, which spread like syphilitic ulcers and leave deep scars. There is reason to believe that these are due to the irritation excited by the animal implanting its ova in the skin of the individual while bathing. The animal may, however, enter the body through the mucous membrane of the stomach or rectum, or by the more direct route of the urethra.

Art. III. *On Temporary Glycosuria as a Sequel to the Cholera*, by WILLIAM SEDGWICK, M.R.C.S.

Art. IV. *On the Duration of Phthisis Pulmonalis, and on certain Conditions which influence it*, by CHARLES THEODORE WILLIAMS, M.D.

Abstracts of these papers will be found in the No. of this Journal for April, 1871 (pages 567 and 558).

Art. VI. *On Neuritis of the Brachial Plexus*, by JULIUS ALTHAUS, M.D., M.R.C.P., etc.—The patient whose case is reported in this communication presented a complete paralysis of motion and sensation of the whole of the right upper extremity. The muscles of the arm were not wasted, and the temperature of the limb was not lower than that of the left arm. There was an absence of electro-muscular sensibility to the induced current, but when a powerful continuous current from Daniell's battery (sixty cells) was applied to the arm the patient exclaimed that she felt sensations of heat, pricking and tingling in the arm and fingers; and the muscles, more especially the flexor muscles of the fingers responded to the current by sluggish, yet plainly perceptible, contractions. The daily application of the continuous current to the paralyzed extremity formed the only treatment in the case. The result is stated to have been exceedingly satisfactory. After four applications sensation returned in the paralyzed limb, so that the patient was again able to perceive touch, pricking, pinching, etc., just as well as before the commencement of the affection. The paralysis of motion proved more stubborn, but after seven applications the girl was able to move her fingers. A fortnight later she could flex and extend the wrist. The treatment was suspended for six weeks, during which time no improvement took place. The continuous current was then reapplied and continued until recovery was complete.

Dr. Althaus is disposed to attribute the recovery in this and similar cases partly to the power which the continuous current has of preventing granular degeneration of the muscles by making them contract. It must also have the property of re-establishing the conductivity of the sentient as well as of the motor fibres of paralyzed parts; although we are ignorant as yet of the manner in which this is done.

The differential diagnosis in this case is very carefully discussed by Dr. Althaus, who gives very good reasons for considering it one of Neuritis of the Brachial Plexus. "This plexus imparts," he says, "motive and sentient power to the whole upper extremity; it animates the rhomboid muscles, the serratus anticus, the supra and infra spinatus, the subscapularis, the anterior portion of the latissimus dorsi, and all the flexors and extensors, pronators and supinators of the arm and hand. Not one of these muscles had escaped the paralyzing influence, while muscles in their immediate neighbourhood, which are animated by a different set of nerves, had remained in perfect condition. Moreover the skin of the back of the head, the neck, and the ear, had never lost its sensibility. The absence of electro-muscular sensibility, the paralysis of sensation, the limitation of the paralysis to an upper extremity render it improbable that the patient was suffering from cerebral disease, and the same symptoms enabled him to exclude spinal disease from consideration.

Art. VII. *On Sporadic Cretinism occurring in England*, by C. HILTON FAGGE, M.D., F.R.C.P., etc.—Sporadic cretinism, Dr. Fagge says, differs from the more ordinary form of cretinism in the absence of any enlargement of the thyroid body, and in the presence of fatty symmetrical tumours, one of which lies beneath the skin of the neck, on each side, just external to the sterno-cleido-mastoid muscle. The affection is not necessarily congenital. It may arise as late as the eighth year in a subject previously healthy and well-developed. It is not inherited syphilis, nor is it related either to rickets or scrofula. It has been supposed in certain cases to have resulted from one or both of the parents having been intoxicated at the time of procreation; but this explanation Dr. Fagge thinks does not hold good in all cases, even for those which are congenital.

The sufferers from sporadic cretinism are generally of a mild and tranquil disposition, and do not possess the mischievous tendencies of idiots, with whom they are very apt to be associated. As goitre also exists in the same parts of England, Dr. Fagge believes that there is a certain antagonism between it and cretinism, and that where a large goitre exists, it may possibly have the power of protecting against the more severe effects of the endemic influence, and thus that cretinism is associated with an enormous bronchocele only when the exciting cause is present in a very intense degree.

Art. XIII. *On Dextral Pre-eminence,* by WILLIAM OGLE, M.D. Oxon, F.R.C. P.—This is one of the ablest and best-written papers in the volume. After briefly reviewing the literature of the subject, Dr. Ogle gives his reasons for believing that right-handedness depends on some predominance of the left brain, and left-handedness, when it occurs, on a transposition of this structural peculiarity, whatever it may be. If the two hemispheres be compared, the left will be found a little larger, and in the frontal lobes, especially, the left convolutions will be observed to be much more complicated. In the few instances in which he has had the opportunity of examining the brains of left-handed persons, the reverse of this has been found to be the case. The brains of monkeys possess the same peculiarities, and Dr. Ogle has satisfied himself by careful observation at the London Zoological Gardens, that the majority of monkeys are right-handed, and that a very small proportion (only three out of twenty-three), are left-handed. The parrot, too, will use its right leg to support itself in preference to its left. Thus of eighty-six parrots, sixty-three invariably supported themselves on the right leg, while the remaining twenty-three as invariably perched on the left one.

It might be objected to Dr. Ogle's view, that the greater development of the left brain may be the consequence of the increased use of the right side, and not its cause. But this disparity between the two hemispheres exists in fœtal life, and Gratiolet has asserted that the convolution of the left frontal lobe appears earlier than the corresponding convolution of the right. Besides which, it is clear that some anatomical difference between the two sides must precede the right-handedness, and this difference must be somewhere in the brain, for the author shows very conclusively in the first part of his paper, that it cannot be referred to a conventual agreement made between the members of a community and handed down by educational influence from parent to child through successive generations. In a former paper he has expressed an opinion that the cause of the greater development of the left hemisphere is to be found in the difference of the blood supply to the two sides of the brain, and to this opinion he is disposed to adhere. He has found that the arteries which convey blood to the brain are, as a rule, somewhat larger on the left side than on the right, and that this rule apparently breaks down in the case of left-handed men. This increased size of the arteries of the left side, he thinks, cannot be regarded as a consequence of the increased use of the hemisphere to which they go, since the left vertebral artery is generally larger than the right, and yet from their uniting to form the basilar artery, they must be precisely alike so far as the *vis a fronte* goes. The course of the left carotid artery is, moreover, much less tortuous than that of the right, and this will of course secure a more liberal supply of blood to the corresponding hemisphere. In monkeys which have been shown to be the subjects of dextral pre-eminence, the arterial branchings appear to accord with those of man. "But in parrots," he says, "I find a striking corroboration of my hypothesis. In these birds there is very great variability in the arrangement of the right and left carotid arteries. In some few the two are of equal size. But this is the exception. In the great majority the arteries are unequal, and when this is the case, it is invariably the left carotid which is the larger of the two, as Merkel years ago pointed out. Sometimes, indeed, it would appear that the right carotid is rudimentary, or even entirely absent, and that the brain receives its whole blood supply from the vessels on the left. It is difficult to suppose that this is a mere coincidence; but if it be anything more, it renders the explanation I have advanced in the highest degree probable."

In favor of Dr. Ogle's view is the fact that in left-handed people paralysis of the left side is accompanied by loss of speech, which may be regarded as an indication that the left side of the brain is more developed in their bodies than the right.

Art. XIV. *On the Modifications produced in the Temperature of the Body by the Local Application of Cold and Heat*, by FREDERICK BARHAM NUNNELEY, M.D.—With the view of determining whether, under any circumstances, local applications of cold modify the temperature of the body generally, or of any part of it other than that on which they immediately act, Dr. Nunneley instituted a series of experiments, the result of which he thus sums up :—

> "No change occurs in the temperature of any part of the body from the local application of cold, except that on which it immediately acts, unless the individual is in a state of more or less nervous exhaustion or there is decided coolness of the surrounding air.
>
> "The local application of heat, exceeding in degree that of the blood, causes a slight rise of the general temperature, and a more considerable one of that of the extremities.
>
> "If cold is now applied locally—as to any one of the extremities—the general temperature falls slightly and that of the extremities more notably below the natural standard; but both this fall and the previous rise with heat vary considerably, not, however, with the individual susceptibility to painful sensations of temperature, but rather in proportion to the facility with which the conditions regulating the normal balance of the bodily temperature can be disturbed.
>
> "This change, unlike a reflex act, occurs comparatively, or even very slowly, and its amount is equal in all the extremities ; hence, it is not, at any rate in many cases, a reflex action, taking place between homologous parts, as Brown-Séquard has described it." In conclusion he says, "the practical lesson which the facts teach us, is that partial chills *can* modify the temperature, and that a condition of depressed nervous energy is one in which an individual is particularly exposed to the effects of slight impressions of cold."

This paper is accompanied by two tables.

Art. XVI. *Report on Two Series of Cases in which Syphilis was communicated in the Practice of Vaccination*, by JONATHAN HUTCHINSON, F.R.C.S.—Few of our readers will, we think, after reading Mr. Hutchinson's admirable report, have much doubt that vaccination may sometimes be the means of inoculating syphilis. In the first series of cases, twelve persons, mostly young adults, were vaccinated from a healthy looking child. The progress of the vaccination appears to have been satisfactory in all, but during the eighth week indurated chancres were found on the arms of ten of them. They were all treated with mercury, which caused a rapid disappearance of the primary sores. Five months later, constitutional symptoms had been developed in four of the patients. The vaccinifer at the time of the operation had all the external evidence of health, but upon close examination two months later, was found to have condylomata. In the second series of cases, there were unquestionable symptoms of constitutional syphilis in nine children who had been vaccinated from the same patient. Suspicious symptoms occurred in six others, while several had escaped all infection. The vaccinifer, on examination, was found to be a fine, healthy looking child, but presented slight local symptoms indicative of inherited syphilis.

In both instances the child had been selected on account of its very healthy appearance, which had moreover attracted the attention of those who were vaccinated from it, and Mr. Hutchinson takes occasion to remark that "it is a mistake to suppose that syphilitic infants always present a withered, 'old-man-like' aspect; in many instances, although manifesting specific local symptoms, they may grow well and remain plump and fat. This occurs, I believe, with especial frequency when the child does not suffer from a skin eruption, and under such circumstances condylomata are not unfrequently the only symptoms by which the existence of the taint is proved."

In the first series two of the patients wholly escaped, and in those in whom chancres occurred, nearly half of the vaccination punctures escaped. This immunity of some persons, while others suffered, and the absence of induration in some vaccination punctures, and the escape of some while others were infected in the same person, Mr. Hutchinson explains by supposing that the syphilitic virus and the vaccine virus were present in different fluids, and that it was possible to convey the one in all its vigor without necessarily conveying the other; and it is important to note that the two individuals who escaped were the two who were first vaccinated, since it is not improbable that the lymph which first flowed was unmixed with blood. It would thus seem that the inoculation of syphilis in these cases depended upon the admixture of the blood of the syphilitic infant with the lymph of the vaccine vesicle, and that it is quite possible to vaccinate successfully from a syphilitic infant in the stage of utmost potency, as regards its blood, without communicating syphilis, if the lymph be free from blood. The success or non-success of the vaccination, as vaccination, seems to have had nothing to do with the induration of the scars. Some scars in which the vaccination vesicle had not "taken," became indurated, whilst many punctures which did "take" escaped. The period of incubation seems to have been very nearly the same in all cases, and was a little more than five weeks.

The vaccinifers and the patients vaccinated from them were seen by a committee consisting of Dr. Samuel Wilks and Messrs. Savory, Gascoyen, and Thomas Smith, who reported that most of the latter presented unequivocal evidence of constitutional syphilis, and that there was no reason to doubt, from the appearances presented by the arms and from the history of the cases, that the disease had been conveyed by vaccination. J. H. H.

The remaining papers are particularly interesting to surgeons, and the first to which we shall invite our readers' attention, is

Art. V. *Three Cases of Injury to the Brain, with an Appendix of Cases*, by GEORGE WILLIAM CALLENDER, F.R.S., Surgeon to St. Bartholomew's Hospital.—This very interesting paper should be read in connection with those on "The Anatomy of Brain Shocks," which the author published in the third and fifth volumes of the *St. Bartholomew's Hospital Reports* and which were noticed in the numbers of this Journal for July, 1868, p. 225, and January, 1870, p. 191. In those papers Mr. Callender narrated cases in which convulsions were associated with disease of the meninges, and more especially with disease about the course of the middle cerebral arteries. Collecting now those cases, twenty-three in number, in which from lesion of the substance of the encephalon, there was one-sided paralysis, and adding to them three cases recently under the care of Sir James Paget (here given in detail), and eighty-three cases taken from the works of Bouillaud, Abercrombie, and Andral, and from the register of St. George's Hospital, a total of one hundred and nine cases of one-sided paralysis is obtained; these the author proceeds to analyze, and shows conclusively that convulsions particularly attend lesions of that part of the right hemisphere which is above the corpora striata. The figures are as follows :—

“Cases of side paralysis,	109
Cases in which rigidity or convulsions occur,	46
Cases of right side paralysis,	48
Cases in which rigidity or convulsions occur,	7
Cases of left side paralysis,	61
Cases in which rigidity or convulsions occur,	39

“When examined with reference to the parts of the hemispheres involved in the disease or injury, we have the following results:—

“Cases in which parts above the corpora striata are affected:—

Left side,	37 cases.
Convulsions or rigidity in	7 “
Right side,	47 “
Convulsions or rigidity in	39 “

“Cases in which the corpora striata, including the optic thalami, are affected:—

Left side,	11 cases.
Convulsions or rigidity in	0 “
Right side,	13[1] “
Convulsions or rigidity in	0 “ ”

Four of the seven cases in which rigidity or convulsions attended lesions of the left hemisphere (right side paralysis), were instances of cerebral abscess, and the convulsions were probably caused by pressure transmitted to the right side of the brain.

An ingenious diagram is appended to Mr. Callender's paper, showing the seat of disease in the various cases included in his tables.

Art. VIII. *A Clinical Report on Xanthelasma Palpebrarum, and on its Significance as a Symptom*, by JONATHAN HUTCHINSON, F.R.C.S., etc.—A full abstract of this paper which is one of great interest and value, appeared in the quarterly summary of this Journal, in the number for July, 1871, pp. 264 *et seq.*

Art. IX. *On the Classification and Tabulation of Injuries and Surgical Operations in time of War*, by Deputy Inspector-General T. LONGMORE, C.B., Professor of Military Surgery in the Army Medical School, Netley.—In this paper Mr. Longmore describes and compares the several systems of classification and tabulation of gunshot injuries, etc., employed in the army medical departments of Great Britain, France, and the United States, and comes to the conclusion that the British system is, upon the whole, decidedly the most convenient and satisfactory. Mr. Longmore's remarks are deserving of careful study from all who are interested in military surgery; whether French and American surgeons will or will not be convinced by his arguments of the superiority of the British mode of registration, all will grant the justice of his concluding observation as to “the desirability of an agreement being come to in different countries for classifying the injuries of war, the surgical operations they lead to, and their results, on one general system; so that not only the statistics of different modes of treatment or operative interference in particular injuries in one country may be reliably compared with each other, but that the sphere of investigation and comparison may be extended, and the opportunity of making similar observations be afforded with regard to the statistics of all countries in common.” In order to obtain such uniformity of registration, Mr. Longmore suggests that the subject should be referred to “an international committee of competent delegates, appointed either by the army medical departments and governments of the countries respectively concerned, or selected by societies having a corresponding professional influence in them with that which the Royal Medical and Chirurgical Society holds" in England.

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[1] One case of disease of the pons Varolii not included.

Art. X. *A Case of Bony Ankylosis of the Knee-joint treated by Subcutaneous Section of the Bone*, by LOUIS STROMEYER LITTLE, F.R.C.S., late Surgeon to the London Hospital. Communicated by T. B. CURLING, F.R.S., President.—This paper describes an operation which was performed in 1868, and which appears to have been suggested by the record of several cases of angular osseous ankylosis successfully treated by Brainard's method of subcutaneous drilling, and published by Dr. S. W. Gross in the number of this Journal for April, 1868 (pp. 360 *et seq*). Mr. Little employed a chisel and mallet (as long since suggested by Malgaigne), and the result of his operation was in every respect satisfactory.

Art. XI. *On the Removal of Tumours from Bone*, by Sir JAMES PAGET, Bart., D.C.L., F.R.S., etc.—The object of this short but valuable paper is to formularize and recommend a mode of treatment, which, though it has been occasionally resorted to in individual cases, has never been recognized as an established rule of practice. The mode of treatment in question is the enucleation, or simple extirpation, of non-malignant tumours growing in bone, rather than their removal by the more sweeping operations of resection or amputation. Six cases are detailed to show the feasibility and advantage of thus dealing with cartilaginous, bony, fibrous, and myeloid tumours, growing in bone; and the paper ends with certain suggestions as to diagnosis, which appear to us so valuable, that we quote them in full for the benefit of our readers.

"For cancerous and recurrent tumours, amputation or wide resection is generally advisable; for innocent tumours growing on bones, excision; for innocent tumours growing in bones, enucleation. . . . . .

"1. The tumour is probably cancerous if its growth commenced before puberty, or after middle age, unless it be a cartilaginous or bony tumour on a finger or toe, or near an articulation.

"2. If a tumour has existed on or in a bone for two or more years, and is still of doubtful nature, it is probably not cancerous or recurrent, and this probability increases with the increasing duration of the tumour.

"3. If a tumour on or in a bone has doubled or more than doubled its size in six months, and is not inflamed, it is probably cancerous or recurrent, and this probability is increased if, among the usual coincidences of rapid growth, the veins over the tumour have much enlarged, or the tumour have protruded far through ulcerated openings, and bleeds and profusely discharges ichor.

"4. If with any such tumour, not being inflamed, the lymphatics near it are enlarged, it is probably cancerous, and still more probably if the patient have lost weight and strength to amounts more than proportionate to the damage of health by pain, or fever, or other accident of the tumour.

"5. A tumour on the shaft of any bone but a phalanx is rarely innocent, and so are any but cartilaginous outgrowths on the pelvis, or any but the hard, bony tumours on the bones of the skull. . . . . .

"When the wall of the bone can be traced over the surface, or any part of the surface, of the tumour, its growth from within is nearly certain. And so it is when, on the surface of the tumour, portions of bone can be felt among portions of more yielding substance. General smoothness of surface is usually significant of a tumour growing within a bone and expanding it, unless in the case of cartilaginous tumours, which after growing within bones, have protruded through some part of their expanded walls. Pulsation in a non-cancerous tumour connected with bone, is a nearly certain sign of growth within bone, except in the case of certain specimens of myeloid epulis; and when such pulsation is felt, it is no indication that severe bleeding will ensue in the removal of the tumour, for it is only derived from the arteries on the walls of the bone-cavity lodging the tumour."

Art. XII. *A fourth series of one hundred Cases of Ovariotomy, with Remarks on the Diagnosis of Uterine from Ovarian Tumours*, by T. Spencer Wells, F.R.C.S., Eng., etc.—A short abstract of this paper has already appeared in the Quarterly Summary of this journal, in the number for January, 1872 (p. 264). From Mr. Wells's remarks upon the diagnosis of ovarian from uterine tumours, we select the following:—

Visible enlargement of the abdomen, as ascertained by *inspection*, is more often general in cases of ovarian, and partial in those of uterine tumour, being in the latter confined in the early stages to the lower part of the abdomen. Flattening or even protrusion of the umbilicus is common in ovarian disease, but rarely accompanies uterine tumours, unless ascites is also present. Both forms of tumour may be seen to change their position with the posture of the patient, or, when she is recumbent, during inspiration and expiration; but nearly all uterine tumours, though visibly moving above, seem to be fixed below in the hypogastric region. When a recumbent patient tries to sit up, using only the muscles of the trunk in doing so, the recti bulge forwards in front of an ovarian tumour if this be non-adherent, or if, though adherent, it be a flaccid cyst; if, however, the tumour be uterine, the solid mass fixed centrally below the umbilicus interferes with the free action of the recti.

By *measurement*, the increase in the size of the abdomen is, in the case of an ovarian tumour, usually found to be greater on one side than on the other, but in the case of uterine growths, the increase is more often symmetrical. The distance from pubes to sternum is increased in both cases, but the increase in the distance from pubes to umbilicus is proportionately greater in the case of uterine tumours.

By *palpation*, the fluid part of an ovarian growth is commonly found to be in excess of its solid portion, the reverse being observable in the case of tumours involving the uterus. An ovarian tumour can usually be raised considerably, and the hand can sometimes be pressed backwards between the tumour and the pubes, almost to the brim of the pelvis; this can rarely be done in the case of a uterine growth.

By *auscultation*, distinct vascular murmurs of a tubular or vesicular character are not unfrequently observed in the case of uterine growths, but such a murmur in connection with an ovarian tumour is excessively rare.

The diagnostic marks to be observed in examination by the rectum and vagina are clearly indicated; a vascular thrill, like that of varicose aneurism, is regarded by Mr. Wells as peculiar to uterine growths, though an abnormal arterial impulse may be felt in either class of tumours.

Art. XV. *On a simple Method of removing Silver Wire employed in Cases of ununited Fracture*, by Francis Mason, F.R.C.S., etc.—Mr. Mason's plan is to pass a needle through the fragments and secure them with a loop, or figure-of-8, of silver wire, as in the operation for hare-lip, or as in Simpson's third method of acupressure. When the needle is withdrawn, the wire of course readily follows.

The present volume of the Transactions, which fully sustains the reputation of the series, terminates with an elaborate index, arranged on the same principles as the recently published general index to the first fifty-three volumes.

J. A., Jr.